

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000077229

Entity Name: BENESSERE HEALTHCARE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

760 NW 107 AVE
SUITE 402
MIAMI, FL 33172

Current Mailing Address:

760 NW 107 AVE
SUITE 402
MIAMI, FL 33172 US

FEI Number: 86-2474364

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DIAZ, CARLOS MR
2793 WEST 72 PL
HIALEAH, FL 33016 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name DIAZ, CARLOS MR
Address 2793 WEST 72 PL
City-State-Zip: HIALEAH FL 33016

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS DIAZ

OWNER

03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date